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# **Medtronic**

# **Facsimile Cover Sheet**

# **MEDTRONIC LAW DEPARTMENT - CONFIDENTIAL**

Attention: Centralized Fax Number

Company: -United States Patent and Trademark Office

Telephone:

Facsimile: 571-273-8300

Application No.: 09/843,051 Filing Date: April 26, 2001

From: Anna M. Nelson

**Telephone:** 763-505-0409 **Facsimile:** 763-505-0411

Our Ref. No.: P-8436.03

Date: November 9, 2005

Pages (including cover page): 9

I hereby certify that this correspondence is being facsimile transmitted to the USPTO on the date shown above:

- 1. Transmittal Letter
- 3. Response to Final Office Action

Anna M. Nelson, 48,935 Reg. No.

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#### NOV 09 2005

PATENT

Docket No.: P-8436.03

# IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:

Martin T. Gerber

Group Art Unit:

3762

Application No.:

09/843,051

Examiner:

G. Evanisko

Filing Date:

April 26, 2001

Confirmation No.

8909

Docket No.

P-8436.03

Title:

Single and Multi-Polar Implantable Lead for Sacral Nerve Electrical

Stimulation

CERTIFICATE OF MAILING OR TRANSMISSION:

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□via first class mail with the United States Postal Service with sufficient postage; or

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to Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450, on

November 9, 2005.

#### TRANSMITTAL LETTER

Centralized Facsimile Number 571-273-8300

Mail Stop: Amendment Commissioner for Patents P.O. Box 1450

Alexandria, Virginia 22313-1450

We are transmitting herewith the attached:

Transmittal Letter (in duplicate)

Response to Office action

Petition for Extension of Time

Return Receipt Postcard

FEE CALCULATION	No. of Claims Filed	Highest No. of Claims Previously Paid for	No. of Extra Claims	Rate	Fee
Total Claims	21	-21 =		x \$50	S
Independent Claims		- =		x \$200	\$
Multiple Dependent Claims				+ \$360	s
			,	TOTAL	S

Application No.: 09/843,051
Response to Office Action Mailed:

Pleas	se charge Deposit Account No. 13-2546 \$	
\$	for netition fees, for a total of \$	

for additional claims fees and

□ Ple

Please charge any additional fees or credit any overpayments to Deposit Account No. 13-2546, which may have been overlooked on this Transmittal Letter with regard to this filing. A duplicate of this Transmittal Letter is enclosed.

Respectfully submitted,

Date: November 9, 2005

Anna M. Nelson

Registration No. 48,935

MEDTRONIC, INC.

710 Medtronic Parkway NE,

M.S.: LC340

Minneapolis, Minnesota 55432-5604

Telephone: (763) 505-0409 Facsimile: (763) 505-0411 CUSTOMER NO.: 27581

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P.O. Box 1450

Alexandria, Virginia 22313-1450

#### RESPONSE

This communication is in response to the Non-Final Office Action mailed August 9, 2005. Please amend the above-identified application as indicated on the attached pages.

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this paper.

Remarks/Arguments begin on page 5 of this paper.